

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
SELECTION SERVICES SECTION
SUPPLEMENTAL APPLICATION EXAMINATION FOR CHIEF MEDICAL OFFICER, CF**

Read instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Chief Medical Officer, Correctional Facility (CF) with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name: _____

Social Security Number: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Residency Training:

Post Graduate Year 1

Post Graduate Year 2

Post Graduate Year 3

Medical License: _____

Number

Expiration date

State

Specialty Board Certification: _____

Number

Specialty

Expiration Date

Board Re-certification date: _____

Signature

Date

I certify that all the statements I have made in this application are true and correct.

MAILING INSTRUCTIONS:

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 (you may download a copy of the STD. 678 from the State Personnel Board's website at www.spb.ca.gov) to the address listed below:

**MAIL COMPLETED
STD. 678 AND
SUPPLEMENTAL
APPLICATION TO:**

California Department of Corrections and Rehabilitation
Selection Services Section
P. O. Box 942883
Sacramento, CA 94283-0001

**CHIEF MEDICAL OFFICER, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

"Possession of the legal requirements for the practice of medicine in California as determined by the Medical Board of California or the Osteopathic Medical Board of California. (Applicants who are in the process of securing approval of their qualifications by the Medical Board of California or the Osteopathic Medical Board of California will be admitted to the examination, but the Board to which application is made must determine that all legal requirements have been met before candidates will be eligible for appointment.) **And**

Either I

Two years of experience performing the duties of a Physician and Surgeon or Staff Psychiatrist in a California state correctional facility.

Or II

Four years of experience in the practice of medicine, including one year's practice in a hospital or correctional institution."

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

- | | | |
|----|---|--|
| 1. | Are you willing to work in a State correctional facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Are you willing to provide medical care to inmates? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Are you willing to comply with the Department's safety and security procedures? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Are you willing to participate in departmental legal activities (e.g., serve as an expert witness, material witness, and defendant)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Are you willing to work Physician-on-Call or Medical Officer-of-the-Day assignments (e.g. evenings, nights), which may extend beyond regular working hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Are you willing to work various schedules (e.g., day shift, swing shift, night shift)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Are you willing to actively participate in the peer review and clinical quality review process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | Are you willing to comply with tuberculosis screening requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

LICENSE REQUIREMENTS

Please answer the questions below regarding the status of your medical license.

9.	Is your license to practice medicine currently restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you been convicted of any felony crime related to the practice of medicine that has restricted your ability to practice or your scope of practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are there currently any pending disciplinary charges against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have there been any disciplinary actions completed against you that have restricted your ability to practice medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Have there been any settlements, malpractice judgments, or arbitration awards rendered against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CHIEF MEDICAL OFFICER, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

LICENSE REQUIREMENTS, CONTINUED

14.	Have any disciplinary actions been taken against you by another state or jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you been convicted of any misdemeanor related to the practice of medicine that has restricted your ability to practice or your scope of practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Is your license to practice medicine currently subject to probationary conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Have your clinical privileges at any hospital or health care institution ever been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Has your medical staff membership or medical staff status at any hospital ever been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEGREES/CERTIFICATIONS

Please indicate if you have completed any of the following degrees or certifications.

<input type="checkbox"/>	19. Master's degree/PhD. in a health-care related field
<input type="checkbox"/>	20. Board certified in either family practice or internal medicine.
<input type="checkbox"/>	21. Board certified in pediatrics or adolescent medicine
<input type="checkbox"/>	22. Certified Correctional Health Professional (CCHP)

WORK EXPERIENCE	FREQUENCY				LEVEL OF SKILL		
	Last 12 months	Weekly	Monthly	Annually	Not performed	Performed during training	Performed AFTER licensure
Note to Applicants: Under "Work Experience," for Items #23-50 please: Frequency <ul style="list-style-type: none"> Indicate if you have performed this task within the last 12 months; <u>and</u> Indicate how often you perform this task (e.g., select one box from "weekly" "monthly" and "annually" column) Level of Skill: The level of skill that you have in performing this task(e.g., select one box from the "level of skill" column)							
23. Interview patients to establish symptoms and medical history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Physically examine patients to determine symptoms, evaluate health status, and determine diagnoses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Write progress notes, patient histories, correspondence, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Interpret medical charts, lab reports and other documents to determine next step in patient's treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Order appropriate lab studies, X-rays/imaging scans and other diagnostic tests to determine patient's condition or illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Diagnose patients' diseases or conditions to determine treatment methods, needed referrals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Order medical interventions (e.g. medication, special diets, physical therapy, etc.) appropriate to treat patients' conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CHIEF MEDICAL OFFICER, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE, CONTINUED	FREQUENCY				LEVEL OF SKILL			
	Last 12 months		Weekly	Monthly	Annually	Not performed	Performed during training	Performed AFTER licensure
Note to Applicants: Under "Work Experience," for Items #23-50, please: Frequency <ul style="list-style-type: none"> Indicate if you have performed this task within the last 12 months; <u>and</u> Indicate how often you perform this task (e.g., select one box from "weekly" "monthly" and "annually" column) Level of Skill: The level of skill that you have in performing this task(e.g., select one box from the "level of skill" column)								
30. Make rounds to facilitate continuity of care and management of patients' conditions.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Schedule follow-up appointments with chronically ill patients to facilitate continuity of care and management of patients' conditions.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Administer treatments (e.g., medications, dressings, injections, etc.)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Perform procedures (e.g., suturing, incision and drainage, endo-tracheal intubation, and/or excision, etc.).	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Educate patients about their diagnosis, treatment, condition and prognosis.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Plan, organize and direct a complex health services operation including medical, dental, and/or psychiatric programs.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Serve as consultant to health care staff on unusual or difficult medical problems.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Arrange for consultation on difficult cases with medical authorities.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Review clinical investigation protocols and/or internal research.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Evaluate and approve medical, dental and/or psychiatric treatment provided to patients.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Supervise professional, technical and other employees in the care of patients by planning, assigning work, monitoring assignments and writing evaluations.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Clinically supervise Registered Nurses, Physician Assistants, Interns/Residents and/or Nurse Practitioners.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Develop and implement programs to train students, interns or residents.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Develop, implement, and review policies and procedures to ensure proper standardization of medical care.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Make managerial decisions regarding policy, patient treatment, facility, equipment, personnel and budgeting needs.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Establish and maintain effective working relationships with administrators, and other professionals on work plans and improved methods and procedures.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Review and/or prepare various health care reports.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CHIEF MEDICAL OFFICER, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE, CONTINUED

Note to Applicants: Under "Work Experience," for Items #23-50 please:

Frequency

- Indicate if you have performed this task within the last 12 months; and
- Indicate how often you perform this task (e.g., select one box from "weekly" "monthly" and "annually" column)

Level of Skill:

The level of skill that you have in performing this task(e.g., select one box from the "level of skill" column)

	Last 12 months		Weekly	Monthly	Annually		Not performed	Performed during training	Performed AFTER licensure
47. Conduct and/or facilitate staff conferences, meetings, and in-service-training.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Prepare written documents (e.g., correspondence, appeals, policies, procedures, reports, etc.).	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Conduct interviews, evaluate and make recommendations on the hiring process of candidates for professional, technical and other health care related positions.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Respond to inquiries from governmental agencies, legislature, citizens, patient family members, etc.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MANAGERIAL EXPERIENCE

Please check the box(es) that indicate which of the following classifications you have directly supervised after receiving your license.

<input type="checkbox"/>	Physicians
<input type="checkbox"/>	Registered Nurses
<input type="checkbox"/>	Therapists (recreational, occupational, physical, etc.)
<input type="checkbox"/>	Dental staff
<input type="checkbox"/>	Physician Assistants
<input type="checkbox"/>	Residents/Interns
<input type="checkbox"/>	Nurse Practitioners
<input type="checkbox"/>	Mental Health staff

**CHIEF MEDICAL OFFICER, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

AUTHORIZATION TO WORK IN THE UNITED STATES OF AMERICA

This question is not part of the examination but is for the hiring authority's information. If you answer 'yes' to question 2, please provide your Visa information below.

1. Are you a citizen or permanent resident of the United States of America?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If not, are you in possession of a Visa that permits you to work in the United States of America?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Visa type _____

Visa expiration date _____

**CHIEF MEDICAL OFFICER, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED. If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time ☐ (R) Permanent Part-Time ☐ (K) Limited-Term Full-Time ☐ (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ **5 ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **7231 NORTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 0309 **Mule Creek State Prison**
Ione, Amador County
- ☐ 0802 **Pelican Bay State Prison**
Crescent City, Del Norte County
- ☐ 1802 **California Correctional Center**
Susanville, Lassen County
- ☐ 1805 **High Desert State Prison**
Susanville, Lassen County
- ☐ 2102 **CSP, San Quentin**
San Quentin, Marin County
- ☐ 3400 **Headquarters**
Sacramento, Sacramento County
- ☐ 3404 **Folsom State Prison**
Represa, Sacramento County

- ☐ 3417 **Richard A. McGee Correctional**
Training Center, Galt, Sacramento County
- ☐ 3423 **CSP, Sacramento**
Represa, Sacramento County
- ☐ 3901 **Deuel Vocational Institution**
Represa, Sacramento County
- ☐ 4804 **California Medical Facility**
Vacaville, Solano County
- ☐ 4811 **CSP, Solano**
Vacaville, Solano County
- ☐ 5505 **Sierra Conservation Center**
Jamestown, Tuolumne County

YOUTH FACILITIES:

- ☐ 3902 **DeWitt Nelson YCF**
Stockton, San Joaquin County
- ☐ 3908 **O.H. Close YCF**
Stockton, San Joaquin County
- ☐ 3917 **N.A. Chaderjian YCF**
Stockton, San Joaquin County
- ☐ 3907 **Northern California YCF**
Stockton, San Joaquin County
- ☐ 0311 **Pine Grove Youth**
Conservation Camp Facility
Pine Grove, Amador County
- ☐ 0307 **Preston YCF**
Ione, Amador County

☐ **7232 CENTRAL REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 1015 **Pleasant Valley State Prison**
Coalinga, Fresno County
- ☐ 1513 **Wasco State Prison –**
Reception Center, Wasco, Kern County
- ☐ 1514 **North Kern State Prison**
Delano, Kern County
- ☐ 1522 **Kern Valley State Prison**
Delano, Kern County
- ☐ 1605 **Avenal State Prison**
Avenal, Kings County
- ☐ 1606 **CSP, Corcoran**
Corcoran, Kings County

- ☐ 2003 **Central California Women's Facility**
Chowchilla, Madera County
- ☐ 2004 **Valley State Prison for Women**
Chowchilla, Madera County
- ☐ 2701 **Correctional Training Facility**
Soledad, Monterey County
- ☐ 2708 **Salinas Valley State Prison**
Soledad, Monterey County
- ☐ 4005 **California Men's Colony**
San Luis Obispo, San Luis Obispo County
- ☐ 1608 **California Substance Abuse Treatment**
Facility, Corcoran, Kings County

YOUTH FACILITIES:

- ☐ 4003 **El Paso de Robles YCF**
Paso Robles,
San Luis Obispo County

☐ **7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 1307 **Calipatria State Prison**
Calipatria, Imperial County (North)
- ☐ 1308 **Centinel State Prison**
Imperial, Imperial County (South)
- ☐ 1503 **California Correctional Institution**
Tehachapi, Kern County
- ☐ 1995 **CSP, Los Angeles**
Lancaster, Los Angeles County
- ☐ 3310 **California Rehabilitation Center**
Norco, Riverside County

- ☐ 3313 **Chuckawalla Valley State Prison**
Blythe, Riverside County
- ☐ 3329 **Ironwood State Prison**
Blythe, Riverside County
- ☐ 3612 **California Institution for Men**
Chino, San Bernardino County
- ☐ 3613 **California Institution for Women**
Corona, San Bernardino County
- ☐ 3715 **R. J. Donovan Correctional Facility**
at Rock Mountain, San Diego,
San Diego County

YOUTH FACILITIES:

- ☐ 3628 **Heman G. Stark YCF**
Chino, San Bernardino County
- ☐ 1967 **Southern Youth Correctional**
Reception Center & Clinic
Norwalk, Los Angeles County
- ☐ 5610 **Ventura YCF**
Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address:
CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center

**CHIEF MEDICAL OFFICER, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

RECRUITMENT QUESTIONNAIRE

This question is not part of the examination, but is for the hiring authority's information.

HOW DID YOU HEAR ABOUT THE CHIEF MEDICAL OFFICER,, CF EXAMINATION?

Please mark the box that best describes how you heard about the Chief Deputy, Clinical Services, CF examination.

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Job Fair/Career Fair
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Other